

Health Department, City of Baltimore.

Permit No. 99160 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Kunigunda Wittmeyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 5 Months, Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

At

Duration of Residence in the City of Baltimore, During lifetime.

Place of Death, { Give Street and Number. }

508 Bi delle Alley

Cause of Death, { First (Primary), Second (Immediate), }

Eclampsia
Exhauastion

Duration of Last Sickness,

5 days -

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 11 1887

Undertaker, A. Rosenberger

M. D.

Medical Attendant.

Place of Business, 61 Park Ave.) Address, Penna Ave & Roberts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Health Department, City of Baltimore.

Permit No. 99161 Office of Registrar of Vital Statistics. Ward 14

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CERTIFICATE OF DEATH.

Date of Death,

10 Apr 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Mills

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 82 Years,

1 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), (acute) Bronchitis & Asthma Bronchitis & Exsufflation }

Duration of Last Sickness, One week — acting all winter

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 17

Undertaker, J. B. Cook

Place of Business, 7003 W. Baltimore Address, 1403 W. Fayette st.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99162 Office of Registrar of Vital Statistics. Ward 15

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CERTIFICATE OF DEATH.

Date of Death,

April 9-89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward Clayton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 Years, Months, Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Merchant

MS

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

12-E. Montgomery St

Cause of Death, { First (Primary), Second (Immediate), }

Morbus Brightii

Asthma

Duration of Last Sickness, in bed several days -

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Apr 11th 1889

Undertaker, Ambergill

Place of Business, 715 Light

Geo Strauss M. D.
Medical Attendant.

Address, 9E Montgomery St

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[OVER.]

Health Department, City of Baltimore.

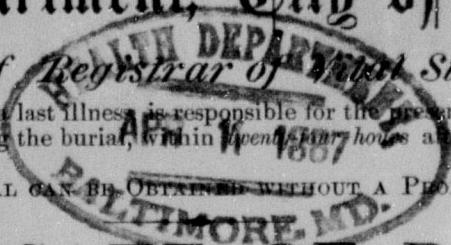
Permit No. 99163

Office of Registrar of Vital Statistics.

Ward 5

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CERTIFICATE OF DEATH.

Date of Death,

April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas. S. Vauvant

Sex, Male or Female, { Cross out the word not required in this line. }

M.

Age,

Years,

9.

Months,

Days.

Color,

W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

S

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

1007 E. Madison St

Cause of Death, { First (Primary),
Second (Immediate), }

Pertusis

Convulsions

Duration of Last Sickness,

5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 12th

{ Undertaker, George Schilling }

D. V. Moyer

M. D.

{ Place of Business, Loudon Park }

Address, 728 Disput St

Medical Attendant, Dr. H. C. [Signature]

[OVER.]

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Health Department, City of Baltimore.

Permit No. 99164 Office of Registrar of Vital Statistics. Ward 195

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CERTIFICATE OF DEATH.

Date of Death, April 9th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hugh J. O'Farrell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 10 Months, 21 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 328 N. Calmar St.

Cause of Death, { First (Primary), Tubercular Meningitis
Second (Immediate), Asthma }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 11/87 J. Miller

M. D.

Undertaker, M. Cadogan

Medical Attendant.

Place of Business, 227 Wellborn Address, 639 Franklin St.

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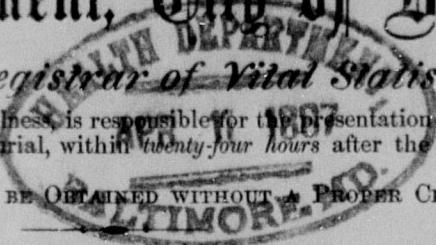
[OVER.]

Health Department, City of Baltimore.

Permit No. 99165 Office of Registrar of Vital Statistics. Ward 10

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CERTIFICATE OF DEATH.

Date of Death,

April 9/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret Orr

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 84

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Ireland

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 6 1/2 years

Place of Death, { Give Street and Number. }

115 Pearce st. old w

Cause of Death, { First (Primary),

Dropy. from heat disease

Second (Immediate),

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

April 11th 1887

Undertaker,

M. Cadogan

M. D.

Medical Attendant.

Place of Business,

227 W. Mulberry

Address, 1501 Presidentian

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99166

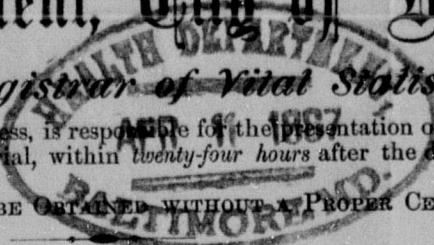
Office of Registrar of Vital Statistics.

Ward

20th

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CERTIFICATE OF DEATH.

April. 9th 1887

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annabelle Handy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

5 Months,

16 Days

Colored

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

During lifetime

Place of Death, { Give Street and Number. }

1 Tenant St (old no.)

Cause of Death, { First (Primary),
Second (Immediate), }

Eclampsia

Chastisement

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial, Peters Cemetery

W. Rickerb.

M. D.

Date of Burial, April 10 1887

{ Undertaker, W. McHarg

Medical Attendant.

{ Place of Business, 41 Howard St

Address, Penna Ave & Roberts St

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Health Department, City of Baltimore.

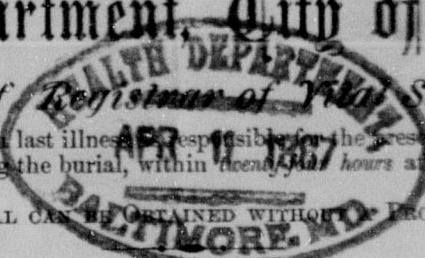
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Office of Registration of Vital Statistics.

Ward 15th

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CERTIFICATE OF DEATH.

Date of Death,

April 9, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Hall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 41 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

9 Armistead Lane

Cause of Death, { First (Primary), Second (Immediate), }

Acute Consumption.

Duration of Last Sickness,

about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, April 11, 1887

{ Undertaker, C.F. Transon & Son }

{ Place of Business, 703 Hanover }

Julius Hall M. D.

Medical Attendant

Address, Southern Dispensary

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[OVER.]

Health Department, City of Baltimore.

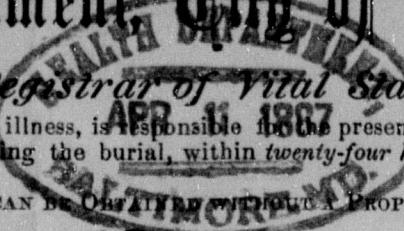
Permit No. 99168

Office of Registrar of Vital Statistics.

Ward 3^o

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CERTIFICATE OF DEATH.

Date of Death,

April 10th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Siddy Keys

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

7

Months,

15

Days

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto. Md.

Duration of Residence in the City of Baltimore, 7 Mo & 15 Days

Place of Death, { Give Street and Number. }

15, Beale St. (old house)

Cause of Death, { First (Primary), }

Pneumonia

Second (Immediate),

Asthma

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April the 11 1887

{ Undertaker, W. Blotkamp, Jr. }

{ Place of Business, 1709 E Lombard St. }

Dr. H. Morris M. D.

Medical Attendant.

Address,

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[OVER.]

Health Department, City of Baltimore.

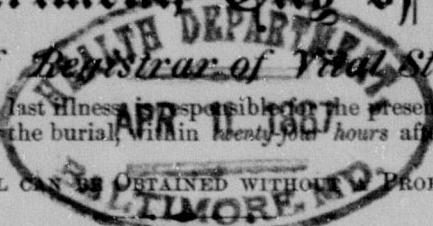
Permit No. 99169

Office of Registrar of Vital Statistics.

Ward 6

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C

CERTIFICATE OF DEATH.

Date of Death,

April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Silvia Darrow

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 10 Months, Days.Color, coloredMarried, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, lifePlace of Death, { Give Street and Number. } 2343 Mt. Eddy StPneumoniaCause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, LawrenceDate of Burial, April 11th 1887{ Undertaker, W Blotkamp Jr }{ Place of Business, 1109 E Lombard }John A. AydM. D.

Medical Attendant.

Address, 1937 E Monument St

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[over.]